

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 2 1942

Registration District No. 329

Primary Registration District No. 3195

Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Grundy
(b) City or town Laredo
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life Time years, months or days

3. (a) PRINT FULL NAME LARKIN V WOODS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Catharine Cook Woods 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept 2 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 12 hr. min.

9. Birthplace Grundy Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

- MOTHER FATHER { 12. Name Christopher Woods
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Rena Gater
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Catharine Cook Woods
(b) Address Laredo, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1942 (Month) (Day) (Year)

- (c) Place: burial or cremation Grundy Cemetery

18. (a) Signature of funeral director E. J. Robinson

- (b) Address Laredo, Mo.

19. (a) Jan. 21 1942 (b) Mabel Warren (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Grundy
(c) City or town Laredo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1942 hour 2 minute ✓ M.

21. I hereby certify that I attended the deceased from Jan 8 1942 to Jan 14 1942;
that I last saw him alive on Jan 11 1942;
and that death occurred on the date and hour stated above.

- Immediate cause of death mitral insufficiency Duration year

- Due to _____
Due to _____

- Other conditions carcinoma of rectum (Include pregnancy within 3 months of death) 20 yrs

- Major findings: Of operations _____
Of autopsy none 4/10/42
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (e) Means of injury 7

23. Signature G. H. Muller, M.D. (M. D. or other)
Address Trenton Mo Date signed 1-15-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

E. J. Robertson

Licensed Embalmer No. *2465*

P. O. Address *Fairfax, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.